

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/23/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →

NJR000030239

INSTALLATION NAME →

AVALON COSMETICS INC

INSTALLATION ADDRESS

90 DAYTON AVE BLDG 1-A 3RD FL PASSAIC, NJ 07055

MAILING ADDRESS -

100 HEPBURN RD #5I CLIFTON, NJ 07012

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 2 290 BROADWAY, 22<sup>nd</sup> Floor NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION RCRA PROGRAMS BRANCH

TO: KIM, STEVEN
OWNER
100 HEPBURN RD #5I
CLIFTON, NJ 07012

Form Approved, OMB No. 2050-0028 Expires 9-30-96 GSA No. 0246-EPA-OT

ne refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation



## **Notification of Regulated Waste Activity**

**Date Received** (For Official Use Only)

AUG - 9 1990 and Recovery Act). United States Environmental Protection Agency L installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number B. Subsequent Notification A. First Notification (Complete item C) II. Name of installation (include company and specific site name) NIC III. Location of installation (Physical address not P.O. Box or Route Number) Street Street (Continued) City or Town State ZID Code County Code **County Name** IV. Installation Mailing Address (See Instructions) Street or P.O. Box 10340 City or Town State Zip Code V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last) (First) Job Title Phone Number (Area Code and Number) VI. Installation Contact Address (See Instructions) B. Street or P.O. Box Location Mailing Other 0 City or Town State Zip Code VIL Ownership (See Instructions) A. Name of Installation's Legal Owner Street, P.O. Box, of Route Number City or Town State Zip Code 0 (Date Changed) D. Change of Owner Indicator B. Land Type C. Owner Type Phone Number (Area Code and Number) Month No

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on Reverse

deress Ventred US Post office (58

III. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Re	efer to Instr	ructions)	
	e City - Seet.		Mary Mary Harman
		B. Used O	il Recycling Activities
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (200-2,200 lbs.)  c. Less than 100 kg/mo (220 lbs)  2. Transporter (Indicate Mode In boxes 1-5 below)  a. For own waste only  b. For commercial purposes  Mode of Transportation  1. Air  2. Rail  3. Highway  4. Water  5. Other - specify  Installation) Note: A prequired for this activinatructions.  4. Hazardous Waste Fuel  a. Generator Marketing to the Marketers  c. Boller and/or Industrial  1. Smelter Deferral  2. Small Quantity Expended to the Marketers  1. Utility Boiler  2. Industrial Boller  3. Industrial Furnace  Underground Injection (Inderground Injection (Industrial Furnace)	ermit is ilty; see o Burner o Burner o Burner emption amption	Oil to Off  b. Marketer Oil Meeta 2 Used Oil Bi Combustion  a. Utility Bo b. industria c. industria 3. Used Oil Transfor b. Transfor	Directs Shipment of Used -Specification Burner Who First Claims the Used a the Specifications urner - Indicate Type(s) of a Device(s) blier il Boller if Furnace ansporter - Indicate Type(s) es) rtar Facility bcessor/Re-refiner - Indicate activity(les)
X. Description of Hazardous Wastes (Use additional sheets if necessary)		adias to the char	esteriation of
A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxen nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.	s correspoi 20 - 261-24)	noing to the chara	icterisucs of
Ignitable 2. Corrosive 2. Reactive 4. Toxicity (D001) (D002) (D003) Characteristic (List specific EPA hazard  FOO 3  3. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you			
1 2 3 4 1 7 8 9 10		5 11	6
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. nur	nber; See	instructions.)	
2 3 3		<b>5</b>	6
C. Certification			
I certify under penalty of law that this document and all attachments were prepare system designed to assure that qualified personnel properly gather and evaluate the or persons who manage the system, or those persons directly responsible for gath best of my knowledge and belief, true, accurate, and complete. I am aware that there including the possibility of fine and imprisonment for knowing violations.	informatio ering the in	n submitted. Base formation, the inf	ormation submitted is, to the
Signature Name and Official Title (T)			Qate Signed 8-2-99
G. Comments	die Territa		
u. Comments			
Note: Mail completed form to the appropriate EPA Regional or State Office. (See	Section III	of the booklet for	addresses.)